

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services 401 Hungerford Drive, 1st Floor Rockville, Maryland 20850-2368 240-777-3986 Fax 240-777-3088

VIDEO GAME REGISTRATION APPLICATION

Application is hereby made for a Video Game Registration in Montgomery County, Maryland

	Renewal			TODAY'S DATE		
e of Establ						
tion of Est						
		Street Number		Telephone Number		
City		State	Zip Code	_ relephone rumber	include area code	
e of Establ	lishment Ow	ner/Operator:				
ess of Ow	ner/Operator	r:				
Street		Street Number	and Street Name	Talanhana Number		
City		State	Zip Code	relephone Number	include area code	
e and Add	ress of Vide	o Game Owner(s):				
Name:				Telephone Number:_		
Address					include area code	
riddi ess.			City	State	Zip Code	
Name:				Telephone Number	.	
				1	include area code	
Address	: Street Numbe				Zip Code	
l Number (of Games to		•	game owners)		
					information stated	
ature of Es	tablishment	Owner/Operator:		Dat	e:	
ed Name o	of Above Sig	nature:				
nformatio	n: Please refe	r to Video Game Fact She	et			
nit comple oor, Rocky	ted applicati ville, Maryla	on and application fe and 20850 - Paymen	e to Licensure and Reg t must be made by chec			
			DFFICE USE ONLY			
eceipt Number:				Date Issued:		
Amount Paid: Check/Money Order Number:				Date Expires: Record Number:		
	City e of Estable ress of Ow City e and Add Name: Address Name: Address I Number of I unde the certificat ature of Estable information init comple oor, Rockinty, Mary ipt Number unt Paid:	e of Establishment: City e of Establishment Owers of Owner/Operator City e and Address of Video Name: Street Number Name: Street Number I Number of Games to I understand that a certificate of registro ature of Establishment ed Name of Above Signiformation: Please referent int completed application, Rockville, Maryla nty, Maryland". We described to the completed of the complete of the c	tion of Establishment: Clist the Name of the Establish of Establishment: Street Number	tion of Establishment: (List the Name of the Establishment where the games action of Establishment: Street Number and Street Name	e of Establishment: (List the Name of the Establishment where the games are to be operated) Street Number and Street Name City State Zip Code e of Establishment Owner/Operator: Street Number and Street Name City State Zip Code e and Address of Video Game Owner(s): Name: Street Number and Street Name City State City State City State Address: Street Number and Street Name (Use Reserve Side if Necessary to list all video game owners) I Number of Games to be Registered: I understand that according to Montgomery County Code 56 a-6(d), "Any change in the e certificate of registration shall be reported to the Director within 30 days of the change." ature of Establishment Owner/Operator: Date ded Name of Above Signature: information: Please refer to Video Game Fact Sheet mit completed application and application fee to Licensure and Regulatory Services, 401 Hur oor, Rockville, Maryland 20850 - Payment must be made by check or money order payable nty, Maryland". We are unable to accept cash payments. OFFICE USE ONLY ipt Number: Date Essued: Date Espires: Date Espires:	